



North Carolina Department of Health and Human Services Division of Aging and Adult Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

August 10, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Services Supervisors and Intake Supervisors

SUBJECT: ADULT PROTECTIVE SERVICES BASIC SKILLS TRAINING

The Division of Aging and Adult Services is pleased to announce that the Adult Protective Services Basic Skills Training will be conducted at four sites across the state during FY 2007-2008.

The Basic Skills training is essential for county staff with any level of responsibility for screening, evaluating, or providing Adult Protective Services (APS). The training provides county staff with a working knowledge of APS law, policy, and practice issues. It is designed for social workers who conduct evaluations and plan services for APS cases as well as for line supervisors with management responsibility for this program area. Social workers who have responsibility for adult services intake or who provide back up or after-hours coverage for APS will also find this training beneficial.

The first session of the training, Module I, is two days long and introduces participants to the field of Adult Protective Services. This session covers the statutory definitions used in APS and the policy requirements and practice issues related to receiving and screening APS reports. Staff responsible for intake and/or screening, and those who conduct evaluations or plan services for APS cases, should attend this session. **It is recommended that participants attend *Effective Social Work Practice in Adult Services: A Core Curriculum*, prior to attending Module I.** Basic knowledge and concepts covered in the *Core Curriculum* are not covered in Modules I or II of this training.

The second session, Module II, is three days long and will introduce staff to the knowledge and skills necessary for completing thorough evaluations, making case decisions, determining capacity to consent to services, obtaining court orders, and planning services to protect disabled adults. Staff responsible for these functions on a full time, back up or after-hours basis should attend this session. Staff responsible for intake only may also attend this session, as it will allow them to understand the full APS process. **Participants must have attended Module I, or have previously attended the Basic Skills Training in its entirety, as a prerequisite to Module II.**

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The dates and locations for the training are listed below. **Modules I and II both begin promptly at 9:00 a.m. and end at 4:00 p.m. Check-in will be at 8:30 a.m.** Participants should plan to stay near the training site unless they live within a reasonable commuting distance. Refreshments will not be provided but participants are welcome to bring their own drinks and snacks.

APS BASIC SKILLS TRAINING DATES AND LOCATIONS

MODULE I

September 13-14, 2007

McDowell Tech. Community College
William Harold Smith Bld.
54 College Drive
Marion, North Carolina

November 13-14, 2007

New Hanover County DSS
1650 Greenfield Street
Wilmington, North Carolina

January 16-17, 2008

Orange County DSS
300 West Tryon Street
Hillsborough, North Carolina

March 3-6, 2008

Pitt County DSS
1717 West Fifth Street
Greenville, North Carolina

MODULE II

September 25-27, 2007

McDowell Tech. Comm. Coll.
William Harold Smith Bld.
54 College Drive
Marion, North Carolina

November 27-29, 2007

New Hanover County DSS
1650 Greenfield Street
Wilmington, North Carolina

January 29-31, 2008

Orange County DSS
300 West Tryon Street
Hillsborough, North Carolina

March 18-20, 2008

Pitt County DSS
1717 West Fifth Street
Greenville, North Carolina

Participants must pre-register for Modules I and II. A registration form is attached. **Please make copies of this form if more than one person from your agency will be attending the training.** It is important that all information requested on the registration form be completed. Registration forms will be accepted for staff not yet identified by the county; however, names and identifying information must be submitted to the Adult Services Section two weeks prior to the date of the specified training session.

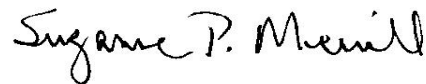
A maximum of thirty (30) participants will be accepted at each of the training sites and registration will be accepted on a first come, first served basis. There is no registration fee required for the training, however, **you must pre-register.** Participants will be sent a confirmation letter and directions to the training site. When available, suggestions about overnight accommodations will be provided prior to each training session.

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Please share this information with the appropriate staff and mark these dates on your calendars. If you or your staff have questions or need additional information regarding the content of the training, please contact Sarah Lugar at (919) 733-3818 or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Program Assistant, at the number referenced above.

To **assure registration** at a selected location, send your registration as soon as possible. The registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, 693 Palmer Drive, MSC 2101, Raleigh, North Carolina 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at ncswLearn.org.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief
Adult Services Section

SPM/SEL

AFS-08-2007

Attachment

Adult Services Section, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

()

Work Phone & Extension (please include area code):

()

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: ()

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): ()

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____